

**PM Form 3.22.2**

**Out-of-State Placement**

**90-Day Update**

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Name of Person			
First	Middle	Last	
Date of Birth	I.D. Number	AHCCCS I.D. Number	Health Plan
T/RBHA	T/RBHA Contact Person	T/RBHA Contact Phone	T/RBHA Contact FAX

90 Day Update Questions:	Date Placed Out-of-State:
<b>What are the Discharge Criteria?</b>     	
<b>What is the anticipated discharge date?</b>   	
<b>What progress has been made toward discharge?</b>    	
<b>What objectives appear in the current service plan that specifically prepare the child for a less restrictive, community-based environment?</b>        	